MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/127 86

APPLICANT(S)

FILING DATE 11-50-00

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
(1)	I					
2		I				
3		I				
4		I				
5		I				
6		I				
7						
8		I				
9						
10						
11		I				
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15		I				
16		I				
17		I				
18	I					
19		I				
20		I				
21		I				
22		I				
23		I				
(24)	I					
25		I				
26		I				
27	I					
28		I				
29		I				
30		I				
31						
32		I				
33	I					
34		I				
35		I				
36		I				
(37)	I					
(38)	I					
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	34					
TOTAL CLAIMS	38					

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	I					
56						
57						
58						
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60						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						